



COUNTY OF FAIRFAX, VIRGINIA  
Department of Housing and Community Development  
**Assistance for Affordable Housing Providers  
FY 2020 CDBG Coronavirus Response**

**APPLICATION INSTRUCTIONS**

**PART 1:**

Please submit - on your organization's letterhead - the following information as outlined:

**Section 1: Affordable Housing Provider Information**

Organization Name  
Street Address  
DUNS # (if available)  
Contact Person  
Telephone  
E-mail

**Section 2: If a Multi-Family Complex**

Name of Property Requesting Rent Assistance  
Number of Households Requesting Rent Assistance  
Total Number of Units in the Property  
Total amount of Rent Assistance Requested for the Property

**Section 3: If Scattered Site Units**

Number of Total Households Requesting Rent Assistance  
Aggregate Total of Rent Assistance Requested for All Households

**Section 4: Plans for Working with Residents to Address Rent Delinquencies**

Describe your organization's proactive strategies and actions to work with tenants on rent delinquencies in general, and specifically related to COVID-19. Submit delinquent rent payment policy and COVID-19 rent payment policy (if applicable).

***Continue to Part 2***

## **PART 2:**

**For organizations with multifamily properties,** complete one Summary Table of Income Requested (see example on the following page) for each multifamily property and respective households requesting rent assistance.

**For organizations with scattered site units,** complete one Summary Table of Income Requested (see example on the following page) for all the scattered site units with households requesting rent assistance.

**Information noted on the Summary Table of Income Requested includes:**

- a) confirmation that the tenant concurs to your organization submitting an Application for rent assistance on their behalf;
- b) assessment of rent assistance needed by each tenant household
  - if a provider has already entered into a rent payment plan with a household or has a policy in place for delinquent rent payments which requires a minimum rent payment amount, the Provider must subtract the amount the tenant is required to pay;
- c) evidence that the assistance is needed as a result of COVID-19; and
- d) confirmation that the household is not receiving a tenant-based voucher (e.g., Section 8, HOME TBRA), residing in a project-based voucher project, or receiving other government-based or other rental assistance.

**Documentation substantiating the total amount of rent assistance requested on behalf of each household must also be submitted with this application, including:**

- a) tenant eligibility by verifying that each household's annual income is at or below 60% of AMI (Part 5 definition of "Annual Income")
  - submit a copy of the last annual income certification if completed after July 16, 2019; or
  - submit an updated income certification for this Application (if different from last annual income certification)

***Continue to Part 3***

## **PART 3: CERTIFICATION**

Applicants MUST print and sign this page and affix it to the application submission to certify the accuracy of the following statements. Applications without this attached, signed form will be incomplete and ineligible for consideration.

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By entering your signature below, you are certifying on behalf of

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*(Enter organization name above)*

that the following statements are accurate:

Funds received from Fairfax County in response to this application for Rent Assistance funding will only be used to cover costs:

- a. associated with the unexpected loss of rental income due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
- b. that your organization is requesting on behalf of each included household;
- c. that have been determined to be necessary and reasonable by your organization's verification of household eligibility, including household financial resources and ability to pay rent;
- d. incurred by households for the period that begins no earlier than April 1, 2020;
- e. that are not being funded by any other source of rent assistance or revenue that your organization or each included household has applied for or has received; and
- f. that are in accordance with all applicable state, local, and federal laws.

If additional funds from another source are received in the future to cover any of the costs funded by Fairfax County through this Application, your organization will immediately return Fairfax County funding.

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*Executive Director or President/Chief Executive Officer Signature*

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*Date*

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-mail: \_\_\_\_\_

By entering your signature and information above and checking "I Agree" below, you certify that the statements contained in this application are true and correct to the best of your knowledge.

☐ I Agree      ☐ I Do Not Agree

***Continue to Submission***

## **SUBMISSION INSTRUCTIONS**

There are anticipated to be several rounds of funding. **Applications for this round are due by 4 p.m. on July 15, 2020.**

Please submit your materials for Parts 1 and 2 (along with any required supplemental documentation) **and** your printed, signed certification form in a single package to:

**Fairfax County Department of Housing and Community Development**

**Attn: Michael Pearman**

**3700 Pender Drive, Suite 300**

**Fairfax, VA 22030**

*\* Applications may also be hand-delivered and deposited in the gray drop box located to the right of the building's main entrance.*

If you have any questions, please e-mail [Michael.Pearman@fairfaxcounty.gov](mailto:Michael.Pearman@fairfaxcounty.gov).

*Thank you for your application for CDBG-CV funding. If we have questions about your application, we will be in touch with you.*